

| CLAIMS ONLY | | | | | | | Application Number <i>10/714948D</i> | Filing Date |
|---|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| Applicant(s) | | | | | | | | |
| • May be used for additional claims or amendments | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | I | | | | | | 51 | |
| 2 | I | | | | | | 52 | |
| 3 | I | | | | | | 53 | |
| 4 | I | | | | | | 54 | |
| 5 | I | | | | | | 55 | |
| 6 | I | | | | | | 56 | |
| 7 | I | | | | | | 57 | |
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| 50 | | | | | | | 100 | |
| Total Indep. | 3 | | | | | | Total Indep. | |
| Total Depend | 4 | | | | | | Total Depend | |
| Total Claims | 7 | | | | | | Total Claims | |

BEST AVAILABLE COPY